UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

Date of Request: 2 Serial/Patent # 10 5/82444 2 Serial/Patent # 10 5/82444 3 Please refund the following fee(s): 4 PAPER NUMBER 5 DATE FILED 6 AMOUNT 5 1	REQUEST FOR PATENT FEE REFUND		
Filing	1 Date of Request: 2 Seri	.al/Patent # 10/5/8244	
Amendment \$ Extension of Time \$ Notice of Appeal/Appeal \$ Petition \$ Issue \$ Cert of Correction/Terminal Disc. \$ Maintenance \$ Assignment \$ Other \$ 7 TOTAL AMOUNT OF REFUNDED BY: 10 REASON: Treasury Check Overpayment \$ Duplicate Payment \$ 9 5 0 1836	3 Please refund the following fee(s):		
Extension of Time	Filing	\$ 100	
Notice of Appeal/Appeal \$ Petition \$	Amendment	\$	
Petition	Extension of Time	\$	
Issue	Notice of Appeal/Appeal	\$	
Cert of Correction/Terminal Disc. Maintenance Assignment Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: Treasury Check Overpayment Duplicate Payment 9 5 0 1836	Petition	\$	
Maintenance \$ Assignment \$ Other \$ 7 TOTAL AMOUNT OF REFUND \$ 1070 8 TO BE REFUNDED BY: Treasury Check Overpayment \$ Duplicate Payment \$ 9 5 0 1836	Issue	\$	
Assignment \$ Other \$ 7 TOTAL AMOUNT OF REFUND \$ 8 TO BE REFUNDED BY: Treasury Check Overpayment Credit Deposit A/C #: Duplicate Payment 9 5 0 1836	Cert of Correction/Terminal Disc.	\$	
Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: 10 REASON: Treasury Check Overpayment Overpayment Overpayment Outher 9 5 0 1836	Maintenance	\$	
7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: 10 REASON: Treasury Check Overpayment Credit Deposit A/C #: Duplicate Payment 9 5 0 1836	Assignment	\$	
OF REFUND 8 TO BE REFUNDED BY: 10 REASON: Overpayment Overpayment Ouplicate Payment 9 5 0 1836	Other	\$	
10 REASON: Overpayment Duplicate Payment Treasury Check Credit Deposit A/C #: 9 5 0 1836			
Overpayment Duplicate Payment Overpayment Overpayment Solution Overpayment Ov		8 TO BE REFUNDED BY:	
Duplicate Payment 9 50 1836	10 REASON:	Treasury Check	
	Overpayment	Credit Deposit A/C #:	
No Fee Due (Explanation):	Duplicate Payment	, 50 1836	
	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
SIGNATURE: The and prover TITLE: Paraleyal Special of 211	TYPED/PRINTED NAME: John Andurson	TITLE: Paraleyal Special of	
		PHONE: 308-9140 of 211	
office: 'PCT - Do/Go			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: DATE:	APPROVED:	DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B